



Hospital Owned Provider-Based Clinic Reporting

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|---|--|---|-----------|-----------------|
| 1 | Fiscal Year Ended: | 12/31/2020 | License # | HAC.FS.00000162 |
| 2 | Hospital Name | Providence Sacred Heart Medical Center and Children | | |
| a | The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee | | | 1 |
| b | The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year | | | 6,309 |
| c | The revenue received by the hospital for the year by means of facility fees at each provider-based clinic | | | 444,138 |
| d | The range of allowable facility fees paid by public or private payers at each provider-based clinic | | | \$48 - \$198 |

Please submit to DOH either by mail, fax or email to the following address:

Washington State Department of Health
 Community Health Systems/Hospital and Financial and Charity Care Section
 MS: 47853
 Olympia, WA 98504-7853
 Fax: (360) 236-2870
 email: hos@doh.wa.gov

Facility fee means any separate charge or billing by a off-campus provider-based clinic in addition to a professional fee for physicians' services that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.

DOH 346-094 (REV 12/04/2017)